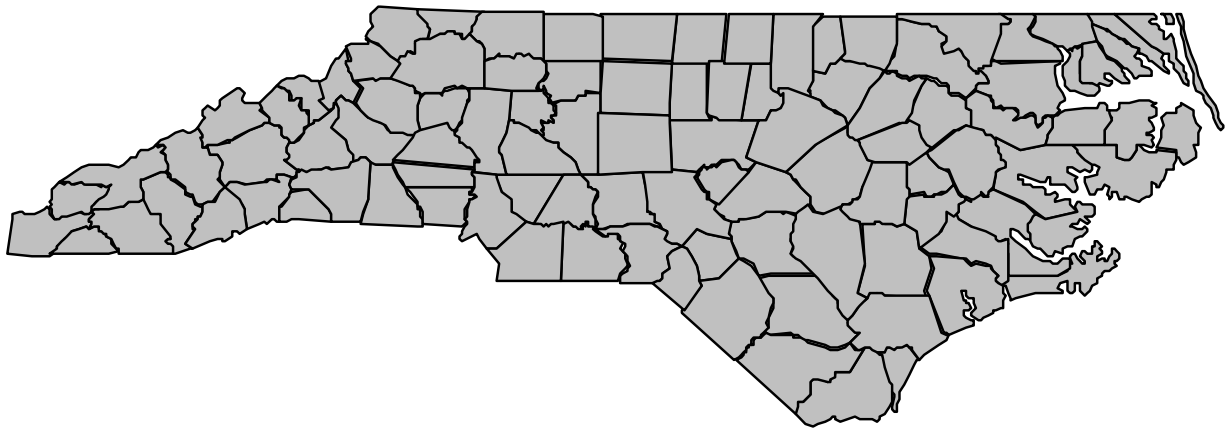


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2010 Performance Contract
With Local Management Entities
Report/Data Submission Requirements**

**Second Quarter Report
October 1, 2009 - December 31, 2009**



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North Carolina Department of Health and Human Services

February 2010



SFY 2010 Performance Contract
Report/Data Submission Requirements
Second Quarter Report

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Introduction

This is the **Second Quarter Report** for SFY 2008-2010 under the Performance Contract between the LMEs and NC DHHS.

This report tracks LME performance (timeliness, completeness, accuracy) in submitting required data/reports to the Division of MH/DD/SAS. Some requirements are quarterly while others are semi-annual or annual requirements. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, provide the performance requirements, and show LME performance for the current quarter. Data submission/report requirements that have been met are depicted with a star (★) in the standard met column for each report. If the requirement was not met, this column will be blank, and the element that caused the standard not to be met will be shaded red.

Overall, the LMEs met 97% of the five report submission requirements and or 84% of the eight submission/report requirements measured this quarter.

Questions or Concerns

If staff of an LME have questions about any of the individual requirements or believe that information contained in this report is in error, they should contact their LME liaison within 30 days of the report date. The LME liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

SFY 2010 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement	1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1. Incident Reporting	X	X	X	X
2. Quarterly Fiscal Monitoring Reports	X	X	X	X
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
4. Work First Initiative Quarterly Reports	X	X	X	X
5. System of Care Report	X	X	X	X
6. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
7. Client Data Warehouse (CDW) - Admissions	X	X	X	X
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	X	X	X	X
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	X	X	X	X
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
12. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	X	X	X	X
14. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
15. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
16. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
17. SAPTBG Compliance Report		X		X
18. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				X
19. Consumer Satisfaction Survey (CSS)			X	
20. Comprehensive Treatment Services Program (CTSP) Non-UCR Expenditure Report				X

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, unless otherwise specified, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

SFY 2010 Performance Contract Report/Data Submission Requirements
Second Quarter Report
October 1, 2009 - December 31, 2009

LME	Report Submission Measures													Data Submission Measures												
	Number of Report Submission Measures Met	Total Number of Report Submission Measures *	Percent of Report Submission Measures Met	1. Quarterly Incident Report	2. Quarterly Fiscal Monitoring Report (Prior Quarter)	2. Quarterly Fiscal Monitoring Report (Current Qtr)	3. SA/JJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	17. SAPTBG Compliance Semi-Annual Report	18. National Core Indicators Consents, Pre-Surveys, and Mail Surveys	19. Consumer Satisfaction Survey	20. CTSP Non-UCR Expenditure Annual Report	Number of Data Submission Measures Met	Percent of 9 Measures Met	6. CDW - Screening Record	8. CDW - ICD-9 Diagnosis	9. CDW - Unknown Data (Admissions)	10. CDW - Unknown Data (Discharges)	11. CDW - Identifying and Demographic Records	12. CDW - Drug of Choice	13. CDW - Episode Completion Records (SA Clients)	14. NC TopPS - Initial	15. NC TopPS - Update	16. NC-SNAP	
Alamance-Caswell-Rockingham	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Albemarle	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Beacon Center	4	4	100%	★			N/A	★	★	★				8	89%	★	★	★	★	★	★				★	
CenterPoint	5	5	100%	★			★	★	★	★				8	89%	★		★	★	★	★				★	
Crossroads	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Cumberland	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Durham	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
East Carolina Behavioral Health	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Eastpointe	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Five County	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Guilford	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Johnston	4	4	100%	★			N/A	★	★	★				8	89%	★	★	★	★	★	★				★	
Mecklenburg	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Mental Health Partners	4	4	100%	★			N/A	★	★	★				8	89%	★	★	★	★	★	★				★	
Onslow-Carteret	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Orange-Person-Chatham	5	5	100%	★			★	★	★	★				3	33%	★		★							★	
Pathways	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Piedmont	3	5	60%	★			★	★						4	44%	★	★	★	★							
Sandhills Center	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Smoky Mountain	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Southeastern Center	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Southeastern Regional	5	5	100%	★			★	★	★	★				8	89%	★	★	★	★	★	★				★	
Wake	5	5	100%	★			★	★	★	★				7	78%	★	★	★	★	★					★	
Western Highlands	4	5	80%	★				★	★	★				8	89%	★	★	★	★	★	★				★	
STATEWIDE - Number			97%	24	0	0	20	24	23	23	0	0	0		84%	24	23	24	23	22	22	21	0	0	23	
STATEWIDE - Percent				100.0%	0.0%	0.0%	95.2%	100.0%	95.8%	95.8%	0.0%	0.0%	0.0%			100.0%	95.8%	100.0%	95.8%	91.7%	91.7%	87.5%	0.0%	0.0%	95.8%	

- * This column shows the total number of **report submission** measures that apply this quarter. Some reports are due quarterly, one is due semi-annually, and several are due annually.
- ★ Indicates the LME met the performance standard for the measure.
- % Percents that are highlighted green indicate the LME met the performance standards for at least 65% of the measures in the respective category (e.g. report submission and/or data submission). Meeting the performance standards for at least 65% of the measures is one of the factors considered in LME monitoring decisions and single stream funding eligibility.

SFY 2010 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2009 - December 31, 2009

1. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

SFY 2010 Standard: Each report shows clear evidence of an effective process containing all 5 elements (1-5 above).

Local Management Entity	2nd Qtr Report Due 1/20/10		Standard Met ²
	Date Received ¹	Elements Included	
Alamance-Caswell	1/13/10	All 5	★
Albemarle	1/20/10	All 5	★
Beacon Center	1/20/10	All 5	★
CenterPoint	1/20/10	All 5	★
Crossroads	1/20/10	All 5	★
Cumberland	1/19/10	All 5	★
Durham	1/20/10	All 5	★
East Carolina Behavioral Health	1/20/10	All 5	★
Eastpointe	1/19/10	All 5	★
Five County	1/19/10	All 5	★
Guilford	1/20/10	All 5	★
Johnston	1/20/10	All 5	★
Mecklenburg	1/20/10	All 5	★
Mental Health Partners	1/20/10	All 5	★
Onslow-Carteret	1/20/10	All 5	★
Orange-Person-Chatham	1/20/10	All 5	★
Pathways	1/20/10	All 5	★
Piedmont	1/19/10	All 5	★
Sandhills Center	1/20/10	All 5	★
Smoky Mountain	1/19/10	All 5	★
Southeastern Center	1/19/10	All 5	★
Southeastern Regional	1/19/10	All 5	★
Wake	1/19/10	All 5	★
Western Highlands	1/19/10	All 5	★

Number and Percent of LMEs that met the SFY 2010 Standard:

24 (100%)

Notes:

1. Cells that are shaded red indicate reports that are not received by the due date or do not meet requirements. Date received does not affect whether the performance standard is met.
2. ★ = Met the Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2009 - December 31, 2009

2. Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required fiscal monitoring reports in acceptable format by the following due dates:

- First quarter report = Oct 20.
- Second quarter report = Feb 20.
- Third quarter report = Apr 20.
- Fourth quarter report = Aug 31.

SFY 2010 Standard: Reports are accurate, complete, and received by the due date.

Local Management Entity	2nd Qtr Report Due 2/20/10		
	Date Received ¹	Accurate, Complete	Standard Met ²
Alamance-Caswell-Rockingham			
Albemarle			
Beacon Center			
CenterPoint			
Crossroads			
Cumberland			
Durham			
East Carolina Behavioral Health			
Eastpointe			
Five County			
Guilford			
Johnston			
Mecklenburg			
Mental Health Partners			
Onslow-Carteret			
Orange-Person-Chatham			
Pathways			
Piedmont			
Sandhills Center			
Smoky Mountain			
Southeastern Center			
Southeastern Regional			
Wake			
Western Highlands			

Because the due date for this report is after the end of the quarter, the **Fourth** Quarter's results will be provided in the **First** Quarter report.

Number and Percent of LMEs that met the Performance Standard:

0 (0%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.
2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2009 - December 31, 2009

3. Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2010 Standard: Reports are accurate, complete, and are received no later than 10 calendar days after the due date.

Local Management Entity	2nd Qtr Report Due 1/20/10						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			1/4/10	Yes			★
Albemarle			1/4/10	Yes	1/4/10	Yes	★
CenterPoint	1/4/10	Yes	1/4/10	Yes			★
Crossroads			1/5/10	Yes			★
Cumberland	1/6/10	Yes	1/6/10	Yes			★
Durham	1/4/10	Yes	1/4/10	Yes			★
East Carolina Behavioral Health	1/8/10	Yes	1/8/10	Yes	1/8/10	Yes	★
Eastpointe			1/5/10	Yes	1/5/10	Yes	★
Five County			1/4/10	Yes			★
Guilford	1/5/10	Yes	1/5/10	Yes			★
Mecklenburg	1/4/10	Yes					★
Onslow-Carteret			1/5/10	Yes			★
Orange-Person-Chatham			1/4/10	Yes			★
Pathways	1/4/10	Yes					★
Piedmont			1/8/10	Yes			★
Sandhills Center	1/5/10	Yes	1/5/10	Yes			★
Smoky Mountain					1/4/10	Yes	★
Southeastern Center	1/5/10	Yes	1/5/10	Yes			★
Southeastern Regional			1/4/10	Yes	1/4/10	Yes	★
Wake	1/6/10	Yes	1/6/10	Yes			★
Western Highlands		No		No			
Mental Health Partners							
Beacon Center							
Johnston							

These LMEs do not have a SA/JJ Initiative.

Number of Percent of LMEs that Met the SFY2010 Standard:

20 (95.2%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red.

Italicized dates with yellow shading were received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2009 - December 31, 2009

4. Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2010 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

Local Management Entity	2nd Qtr Report Due 1/20/10		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alamance-Caswell	1/7/10	Yes	★
Albemarle	1/20/10	Yes	★
Beacon Center	1/13/10	Yes	★
CenterPoint	1/14/10	Yes	★
Crossroads	1/20/10	Yes	★
Cumberland	1/20/10	Yes	★
Durham	1/20/10	Yes	★
East Carolina Behavioral Health	1/20/10	Yes	★
Eastpointe	1/11/10	Yes	★
Five County	1/9/10	Yes	★
Guilford	1/13/10	Yes	★
Johnston	1/20/10	Yes	★
Mecklenburg	1/13/10	Yes	★
Mental Health Partners	1/14/10	Yes	★
Onslow-Carteret	1/12/10	Yes	★
Orange-Person-Chatham	1/14/10	Yes	★
Pathways	1/13/10	Yes	★
Piedmont	1/14/10	Yes	★
Sandhills Center	1/22/10	Yes	★
Smoky Mountain	1/19/10	Yes	★
Southeastern Center	1/15/10	Yes	★
Southeastern Regional	1/7/10	Yes	★
Wake	1/20/10	Yes	★
Western Highlands	1/20/10	Yes	★

Number and Percent of LMEs that met the SFY 2010 Standard:

24 (100%)

Notes:

1. Dates that are shaded red indicate reports received >10 days after the due date.

Dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2009 - December 31, 2009

5. System of Care

Performance Requirement: LME submits a quarterly System of Care Report by the 15th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2010 Standard: All reports are accurate and complete and are received no later than 7 days after the due date.

Local Management Entity	2nd Qtr Report Due 1/15/10		Standard Met ²
	Date Received ¹	Complete	
Alamance-Caswell-Rockingham	1/13/10	Yes	★
Albemarle	1/19/10	Yes	★
Beacon Center	1/15/10	Yes	★
CenterPoint	1/15/10	Yes	★
Crossroads	1/15/10	Yes	★
Cumberland	1/14/10	Yes	★
Durham	1/13/10	Yes	★
East Carolina Behavioral Health	1/15/10	Yes	★
Eastpointe	1/12/10	Yes	★
Five County	1/16/10	Yes	★
Guilford	12/31/09	Yes	★
Johnston	1/15/10	Yes	★
Mecklenburg	1/15/10	Yes	★
Mental Health Partners	1/15/10	Yes	★
Onslow-Carteret	1/14/10	Yes	★
Orange-Person-Chatham	1/4/10	Yes	★
Pathways	1/4/10	Yes	★
Piedmont		No	
Sandhills Center	1/19/10	Yes	★
Smoky Mountain	1/15/10	Yes	★
Southeastern Center	1/16/10	Yes	★
Southeastern Regional	1/14/10	Yes	★
Wake	1/15/10	Yes	★
Western Highlands	1/15/10	Yes	★

Number and Percent of LMEs that met the SFY 2010 Standard:

23 (95.8%)

Notes:

1. Dates that are shaded red indicate reports received >7 days after the due date.

Dates with yellow shading are within 7 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2009 - December 31, 2009

**6. Client Data Warehouse (CDW)
Screening Records**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LME's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of consumers screened by the LME's Access Unit during the prior quarter (July 1, 2009 - September 30, 2009) with a cross-reference to the CNDS completed within 30 days of initial contact.

SFY 2010 Standard: 90% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

Local Management Entity	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross-reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	783	28	755	96%	★
Albemarle	1,007	15	992	99%	★
Beacon Center	1,337	16	1,321	99%	★
CenterPoint	3,447	1	3,446	100%	★
Crossroads	2,208	1	2,207	100%	★
Cumberland	1,500	0	1,500	100%	★
Durham	1,290	0	1,290	100%	★
East Carolina Behavioral Health	1,453	75	1,378	95%	★
Eastpointe	1,670	7	1,663	100%	★
Five County	1,071	0	1,071	100%	★
Guilford	2,281	4	2,277	100%	★
Johnston	596	0	596	100%	★
Mecklenburg	1,044	0	1,044	100%	★
Mental Health Partners	1,764	19	1,745	99%	★
Onslow-Carteret	860	22	838	97%	★
Orange-Person-Chatham	770	20	750	97%	★
Pathways	1,780	0	1,780	100%	★
Piedmont	1,253	1	1,252	100%	★
Sandhills Center	2,059	2	2,057	100%	★
Smoky Mountain	1,760	0	1,760	100%	★
Southeastern Center	2,735	3	2,732	100%	★
Southeastern Regional	2,081	0	2,081	100%	★
Wake	589	5	584	99%	★
Western Highlands	2,426	1	2,425	100%	★
TOTAL	37,764	220	37,544	99%	★

Number and Percent of LMEs that met the SFY 2010 Performance Standard:

24 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

SFY 2010 Performance Contract Data/Report Submission Requirements
Second Quarter Report
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**7. Client Data Warehouse (CDW)
Admissions**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of January 31, 2010.

Local Management Entity	Facility Code	OCT	NOV	DEC	Second Quarter Adm SFY2010	Second Quarter Adm SFY2009	Monthly Average SFY2010	Monthly Average SFY2009
Alamance-Caswell-Rockingham	23051	176	183	154	513	686	171	229
Albemarle	43121	95	98	80	273	427	91	142
Beacon Center	43051	185	142	135	462	411	154	137
CenterPoint	23021	562	447	333	1,342	1,536	447	512
CrossRoads	23011	174	154	123	451	820	150	273
Cumberland	33051	154	141	123	418	537	139	179
Durham	23071	280	207	169	656	904	219	301
East Carolina Behavioral Health	43071	330	201	224	755	1,046	252	349
Eastpointe	43081	50	36	76	162	370	54	123
Five County	23081	71	56	50	177	262	59	87
Guilford	23041	412	309	278	999	1,006	333	335
Johnston	33071	140	127	117	384	400	128	133
Mecklenburg	13102	334	235	228	797	2,562	266	854
Mental Health Partners	13091	207	174	167	548	433	183	144
Onslow-Carteret	43021	169	90	61	320	394	107	131
Orange-Person-Chatham	23061	108	102	94	304	113	101	38
Pathways	13081	276	264	169	709	863	236	288
Piedmont	13121	160	122	89	371	1,310	124	437
Sandhills	33031	560	434	233	1,227	1,277	409	426
Smoky Mountain	13010	34	9	6	49	2,064	16	688
Southeastern Center	43011	272	246	258	776	594	259	198
Southeastern Regional	33041	324	252	115	691	780	230	260
Wake	33081	497	387	301	1,185	1,162	395	387
Western Highlands	13131	810	832	684	2,326	2,012	775	671
TOTAL ADMISSIONS		6,380	5,248	4,267	15,895	21,969	5,298	7,323

Data that are shaded are incomplete or appear to be inaccurate.

SFY 2010 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2009 - December 31, 2009

8. Client Data Warehouse (CDW) Diagnosis Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2009 - September 30, 2009) with a diagnosis completed within 30 days of beginning date of service.

SFY 2010 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Admissions	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	535	0	535	100%	★
Albemarle	471	9	462	98%	★
Beacon Center	579	0	579	100%	★
CenterPoint	3,552	1	3,551	100%	★
Crossroads	742	1	741	100%	★
Cumberland	500	23	477	95%	★
Durham	950	1	949	100%	★
East Carolina Behavioral Health	1,175	1	1,174	100%	★
Eastpointe	389	7	382	98%	★
Five County	326	0	326	100%	★
Guilford	1,231	48	1,183	96%	★
Johnston	434	0	434	100%	★
Mecklenburg	1,201	54	1,147	96%	★
Mental Health Partners	569	21	548	96%	★
Onslow-Carteret	492	34	458	93%	★
Orange-Person-Chatham	274	35	239	87%	
Pathways	870	15	855	98%	★
Piedmont	1,630	137	1,493	92%	★
Sandhills Center	1,572	8	1,564	99%	★
Smoky Mountain	1,877	1	1,876	100%	★
Southeastern Center	827	9	818	99%	★
Southeastern Regional	985	0	985	100%	★
Wake	1,427	22	1,405	98%	★
Western Highlands	1,909	0	1,909	100%	★
TOTAL	24,517	427	24,090	98%	★

Number and Percent of LMEs that met the SFY 2010 Standard:

23 (95.8%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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9. Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields (Admissions)

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2009 - September 30, 2009) where all mandatory data fields contain a value other than 'unknown'.

SFY 2010 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Family Income	Family Size	Arrests 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	535	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Albemarle	471	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Beacon Center	579	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	3,552	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	742	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	500	100%	98%	100%	100%	100%	100%	96%	100%	100%	100%	100%	★
Durham	950	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,175	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	389	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	326	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Guilford	1,231	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Johnston	434	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	1,201	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	569	100%	99%	100%	100%	100%	100%	96%	100%	100%	100%	100%	★
Onslow-Carteret	492	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	274	100%	99%	100%	100%	100%	100%	97%	100%	100%	100%	100%	★
Pathways	870	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	★
Piedmont	1,630	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	1,572	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,877	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	827	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	985	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,427	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	★
Western Highlands	1,909	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	24,517	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★

Number and Percent of LMEs that met the SFY 2010 Standard:

24 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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**10. Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields (Discharges)**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients discharged during the prior quarter (July 1, 2009 - September 30, 2009) where all mandatory data fields contain a value other than 'unknown'.

SFY 2010 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Discharge Records	Discharge Reason	Referral To	Living Arrangement	Employment Status	Arrests Prior 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	114	100%	100%	100%	100%	100%	★
Albemarle	9	100%	100%	100%	100%	100%	★
Beacon Center	306	100%	100%	100%	100%	100%	★
CenterPoint	830	100%	100%	100%	100%	100%	★
Crossroads	348	100%	100%	100%	100%	100%	★
Cumberland	633	98%	100%	100%	96%	100%	★
Durham	636	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	114	100%	100%	100%	100%	100%	★
Eastpointe	53	100%	100%	100%	100%	100%	★
Five County	74	99%	99%	99%	99%	99%	★
Guilford	899	100%	100%	100%	100%	100%	★
Johnston	303	100%	100%	100%	100%	100%	★
Mecklenburg	98	100%	100%	100%	100%	100%	★
Mental Health Partners	316	100%	100%	100%	100%	100%	★
Onslow-Carteret	453	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	89	17%	17%	17%	17%	17%	
Pathways	539	97%	100%	100%	91%	100%	★
Piedmont	179	100%	100%	100%	100%	100%	★
Sandhills Center	112	99%	99%	99%	99%	99%	★
Smoky Mountain	73	97%	99%	99%	99%	99%	★
Southeastern Center	665	100%	100%	100%	100%	100%	★
Southeastern Regional	908	100%	100%	100%	100%	100%	★
Wake	797	100%	100%	100%	100%	100%	★
Western Highlands	1,900	100%	100%	100%	100%	100%	★
TOTAL	10,448	99%	99%	99%	99%	99%	★

Number and Pct of LMEs that met the SFY 2010 Standard:

23 (95.8%)

Notes:

- Percentages less than 90% are shaded red.
- ★ = Met the Performance Contract Standard.

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11. Client Data Warehouse (CDW) Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2009 - September 30, 2009) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2010 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	973	27	946	97%	★
Albemarle	384	35	349	91%	★
Beacon Center	785	26	759	97%	★
CenterPoint	2,490	11	2,479	100%	★
Crossroads	1,984	59	1,925	97%	★
Cumberland	635	7	628	99%	★
Durham	1,255	25	1,230	98%	★
East Carolina Behavioral Health	2,148	63	2,085	97%	★
Eastpointe	1,248	98	1,150	92%	★
Five County	1,459	38	1,421	97%	★
Guilford	2,498	8	2,490	100%	★
Johnston	1,091	1	1,090	100%	★
Mecklenburg	2,075	106	1,969	95%	★
Mental Health Partners	1,836	138	1,698	92%	★
Onslow-Carteret	986	0	986	100%	★
Orange-Person-Chatham	831	394	437	53%	
Pathways	1,774	76	1,698	96%	★
Piedmont	2,613	316	2,297	88%	
Sandhills Center	2,712	22	2,690	99%	★
Smoky Mountain	3,956	120	3,836	97%	★
Southeastern Center	1,415	8	1,407	99%	★
Southeastern Regional	1,104	3	1,101	100%	★
Wake	2,476	34	2,442	99%	★
Western Highlands	2,755	10	2,745	100%	★
TOTAL	41,483	1,625	39,858	96%	★

Number and Percent of LMEs that met the SFY 2010 Standard:

22 (91.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

3. Only includes IPRS claims.

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12. Client Data Warehouse (CDW) Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASCDR, ASCJO, ASCS, ASDSS, ASHOM, ASTER, ASWOM, CSCS, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (July 1, 2009 - September 30, 2009) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2010 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell-Rockingham	131	0	131	100%	★
Albemarle	61	3	58	95%	★
Beacon Center	134	0	134	100%	★
CenterPoint	787	0	787	100%	★
Crossroads	272	1	271	100%	★
Cumberland	133	4	129	97%	★
Durham	420	1	419	100%	★
East Carolina Behavioral Health	866	13	853	98%	★
Eastpointe	241	1	240	100%	★
Five County	306	0	306	100%	★
Guilford	690	3	687	100%	★
Johnston	124	2	122	98%	★
Mecklenburg	794	66	728	92%	★
Mental Health Partners	199	3	196	98%	★
Onslow-Carteret	128	10	118	92%	★
Orange-Person-Chatham	94	11	83	88%	
Pathways	342	19	323	94%	★
Piedmont	516	96	420	81%	
Sandhills Center	556	6	550	99%	★
Smoky Mountain	692	15	677	98%	★
Southeastern Center	587	6	581	99%	★
Southeastern Regional	218	1	217	100%	★
Wake	685	18	667	97%	★
Western Highlands	757	0	757	100%	★
TOTAL	9,733	279	9,454	97%	★

Number and Pct of LMEs that met the SFY 2010 Standard:

22 (91.7%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

13. Client Data Warehouse (CDW)
Episode Completion (Discharge) Record - Substance Abuse Clients

Performance Requirement: LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service for at least 60 days. This report separately focuses on **SA clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of SA clients admitted since October 1, 2006, when this measure began, who during the prior quarter (July 1, 2009 - September 30, 2009) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2010 Standard: 90% of SA clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Local Management Entity	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> Appropriate Activity or an Episode Completion Record ³	Number <u>with</u> Appropriate Activity or an Episode Completion Record ⁴	Percent <u>with</u> Appropriate Activity or an Episode Completion Record	Standard Met ²
Alamance-Caswell-Rockingham	171	0	171	100%	★
Albemarle	83	3	80	96%	★
Beacon Center	164	6	158	96%	★
CenterPoint	452	7	445	98%	★
Crossroads	119	2	117	98%	★
Cumberland	36	0	36	100%	★
Durham	191	2	189	99%	★
East Carolina Behavioral Health	483	14	469	97%	★
Eastpointe	79	3	76	96%	★
Five County	84	5	79	94%	★
Guilford	272	11	261	96%	★
Johnston	43	0	43	100%	★
Mecklenburg	223	0	223	100%	★
Mental Health Partners	139	6	133	96%	★
Onslow-Carteret	46	2	44	96%	★
Orange-Person-Chatham	29	13	16	55%	
Pathways	339	6	333	98%	★
Piedmont	271	148	123	45%	
Sandhills Center	449	24	425	95%	★
Smoky Mountain	380	0	380	100%	★
Southeastern Center	234	14	220	94%	★
Southeastern Regional	143	2	141	99%	★
Wake	186	69	117	63%	
Western Highlands	377	16	361	96%	★
TOTAL	4,993	353	4,640	93%	★

Number and Pct of LMEs that met the SFY 2010 Standard:

21 (87.5%)

Notes:

- Percentages less than 90% are shaded red.
- ★ = Met the Performance Contract Standard.
- Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
- Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

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**14. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2010 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham						
Albemarle						
Beacon Center						
CenterPoint						
Crossroads						
Cumberland						
Durham		Report is under revision.				
East Carolina Behavioral Health						
Eastpointe						
Five County						
Guilford						
Johnston						
Mecklenburg						
Mental Health Partners						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
Piedmont						
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Wake						
Western Highlands						
Totals						

The timeliness criterion was not used to determine whether the performance standard was met this quarter

Number and Percent of LMEs that met the SFY 2010 Standard:

0 (0%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. The expected and actual numbers of initial assessments this quarter are based on consumers whose claims were reimbursed through the IPRS system only.

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**15. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Update Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2010 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ²
		# of Update Assessments Received	% of Expected Assessments Received ¹	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham	313	282	90.1%	216	69.0%	
Albemarle	318	312	98.1%	255	80.2%	
Beacon Center	459	449	97.8%	350	76.3%	
CenterPoint	876	846	96.6%	705	80.5%	
Crossroads	522	501	96.0%	321	61.5%	
Cumberland	481	450	93.6%	323	67.2%	
Durham	831	775	93.3%	480	57.8%	
East Carolina Behavioral Health	912	888	97.4%	780	85.5%	
Eastpointe	651	626	96.2%	496	76.2%	
Five County	606	594	98.0%	499	82.3%	
Guilford	532	450	84.6%	307	57.7%	
Johnston	126	100	79.4%	86	68.3%	
Mecklenburg	1,415	1,337	94.5%	1,004	71.0%	
Mental Health Partners	305	300	98.4%	230	75.4%	
Onslow-Carteret	283	275	97.2%	224	79.2%	
Orange-Person-Chatham	302	296	98.0%	234	77.5%	
Pathways	676	658	97.3%	520	76.9%	
Piedmont	747	689	92.2%	547	73.2%	
Sandhills Center	1,043	902	86.5%	599	57.4%	
Smoky Mountain	658	616	93.6%	321	48.8%	
Southeastern Center	692	676	97.7%	598	86.4%	
Southeastern Regional	1,669	1,645	98.6%	1,401	83.9%	
Wake	965	908	94.1%	607	62.9%	
Western Highlands	912	630	69.1%	363	39.8%	
Totals	16,294	15,205	93.3%	11,466	70.4%	

Number and Percent of LMEs that met the SFY 2010 Standard:

0 (0%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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16. NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

SFY 2010 Standard: 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell-Rockingham	443	443	100.0%	★
Albemarle	497	496	99.8%	★
Beacon Center	864	836	96.8%	★
CenterPoint	1,485	1,485	100.0%	★
Crossroads	700	699	99.9%	★
Cumberland	685	685	100.0%	★
Durham	745	745	100.0%	★
East Carolina Behavioral Health	1,416	1,416	100.0%	★
Eastpointe	941	934	99.3%	★
Five County	639	639	100.0%	★
Guilford	1,204	1,204	100.0%	★
Johnston	343	343	100.0%	★
Mecklenburg	2,035	2,019	99.2%	★
Mental Health Partners	660	656	99.4%	★
Onslow-Carteret	433	428	98.8%	★
Orange-Person-Chatham	762	733	96.2%	★
Pathways	1,536	1,508	98.2%	★
Piedmont	Submit data through special waiver not the NC-SNAP			
Sandhills Center	1,060	1,057	99.7%	★
Smoky Mountain	1,279	1,279	100.0%	★
Southeastern Center	1,113	1,113	100.0%	★
Southeastern Regional	867	867	100.0%	★
Wake	1,810	1,685	93.1%	★
Western Highlands	1,830	1,824	99.7%	★
Totals	23,347	23,094	98.9%	★

Number and Percent of LMEs that met the SFY 2010 Standard:

23 (95.8%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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17. SAPTBG Compliance Report

Performance Requirement: The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

SFY 2010 Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

Local Management Entity	Mid-Year Report (Due 1/20/10)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell	1/20/10	Yes	Yes	★
Albemarle	1/20/10	Yes	Yes	★
Beacon Center	1/19/10	Yes	Yes	★
CenterPoint	1/19/10	Yes	Yes	★
Crossroads	1/19/10	Yes	Yes	★
Cumberland	1/19/10	Yes	Yes	★
Durham	1/20/10	Yes	Yes	★
East Carolina Behavioral Health	1/19/10	Yes	Yes	★
Eastpointe	1/15/10	Yes	Yes	★
Five County	1/20/10	Yes	Yes	★
Guilford	1/20/10	Yes	Yes	★
Johnston	1/22/10	Yes	Yes	★
Mecklenburg	1/20/10	Yes	Yes	★
Mental Health Partners	1/20/10	Yes	Yes	★
Onslow-Carteret	1/22/10	Yes	Yes	★
Orange-Person-Chatham	1/19/10	Yes	Yes	★
Pathways	1/19/10	Yes	Yes	★
Piedmont	1/15/10	No	Yes	
Sandhills Center	1/19/10	Yes	Yes	★
Smoky Mountain	1/20/10	Yes	Yes	★
Southeastern Center	1/19/10	Yes	Yes	★
Southeastern Regional	1/19/10	Yes	Yes	★
Wake	1/20/10	Yes	Yes	★
Western Highlands	1/19/10	Yes	Yes	★

Number and Percent of LMEs that met the SFY 2010 Standard:

23 (95.8%)

Notes:

1. Dates that are highlighted red indicate reports received more than 10 days after the due date.

Dates that are highlighted yellow indicate reports received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

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18. National Core Indicators (NCI) Consents And Pre-Surveys

Performance Requirement: The LME, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. The LME will also submit information needed for the mailed survey. All submissions are complete.

SFY 2010 Standard: 75% of the pre-surveys, consents, and mail survey information are received by the due date and complete.

Local Management Entity	Timeliness of Submission		Completeness (# Forms Received / # Expected)			Standard Met ²
	Pre-Surveys & Consents	Mailed Surveys	# Received	# Expected	% Complete ¹	
Alamance-Caswell						
Albemarle						
Beacon Center						
CenterPoint						
Crossroads						
Cumberland						
Durham						
East Carolina Behavioral Health						
Eastpointe						
Five County						
Guilford						
Johnston						
Mecklenburg						
Mental Health Partners						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
Piedmont						
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Wake						
Western Highlands						
Totals						

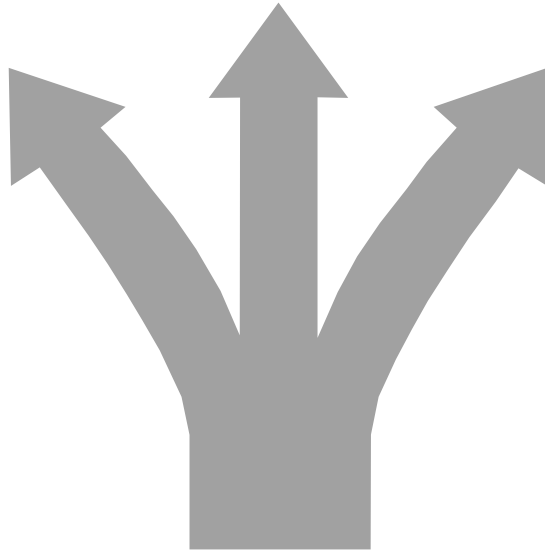
Number and Percent of LMEs that met the SFY 2010 Standard:

0 (0%)

Notes:

1. Percentages less than 75% are shaded red.

2. ★ = Met the Performance Contract Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

Community Policy Management Section
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
3004 Mail Service Center
Raleigh, North Carolina 27699-3004

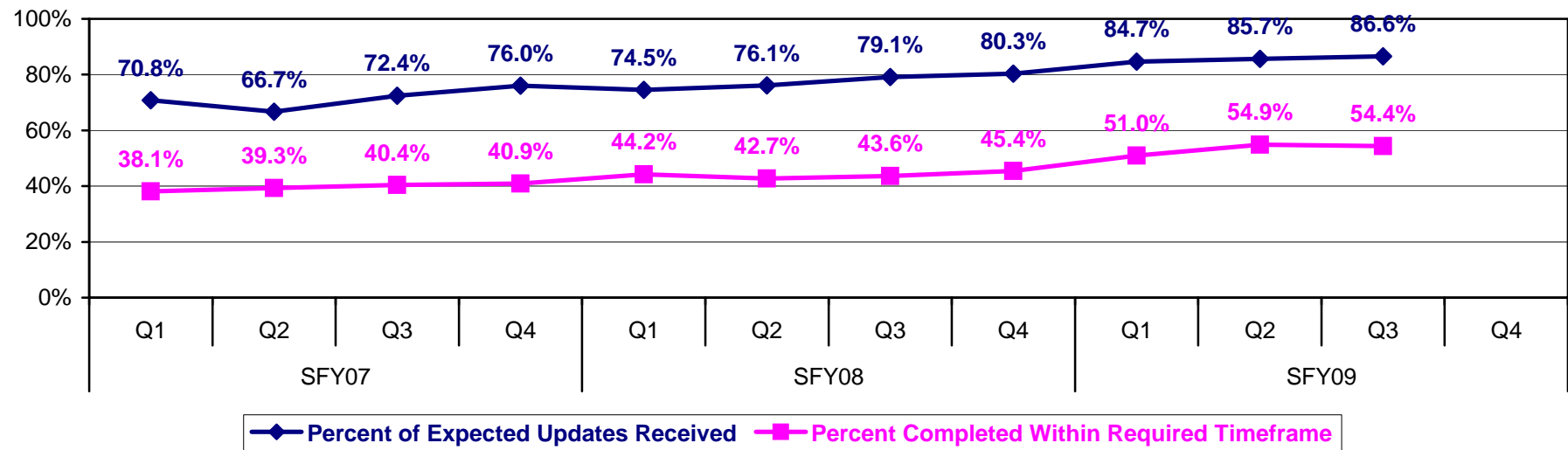
(919) 733-0696
Email: ContactDMHQuality@dhhs.nc.gov

Division's Web Page --- <http://www.ncdhhs.gov/mhddsas/performanceagreement/index.htm>

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Revisions Made To the SFY2010 Performance Contract Second Quarter Report

Percent of Expected NC-TOPPS Updates Received Within Required Timeframe



Standard: 90% of updates received within required timeframe.